

LETTER TO HOUSEHOLDS - SPECIAL MILK PROGRAM FOR 2002-2003

Dear Parent or Guardian:

The _____ serves milk each school day. Students may buy milk for \$_____.

- If your child now receives Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child may be eligible to receive free milk.
- If your total household income is the same or less than the amounts on the income scale below, your child(ren) may receive free milk. "Household" means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, and utility bills.
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive milk free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income."

HOW TO APPLY

To apply for free milk for your child(ren), complete the attached Application for Free and Reduced-Price Meals or Free Milk, sign it, and return it to the school as soon as possible. The application cannot be approved unless it contains complete eligibility information.

FOOD STAMP, CalWORKs, KinGAP, and FDPIR HOUSEHOLDS—If you now receive Food Stamp, CalWORKs, KinGAP, or FDPIR benefits for your child(ren), list each child's name, and his/her Food Stamp, CalWORKs, KinGAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE—Complete a separate application for each child **who is the legal responsibility of the welfare agency or is a ward of the court.** Write the name of the child and the specific school the child attends.

If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.)—If you **do not** list a Food Stamp, KinGAP, CalWORKs, or FDPIR case number for **each** student listed on the application, you must enter (go to next column):

- The names of all school-age children in your household and the school(s) they attend.
- The names of all other children in your household who do not attend school.
- The names of all adults (21 years and older) and other household members, the amount each person received last month, and the source of income.
- The social security number of the adult household member who signs the application or indicate "none" if the adult does not have a social security number.

An application must be completed, with all household members and income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

An adult household member must sign the application.

INCOME ELIGIBILITY GUIDELINES

Applicant Copy
July 1, 2002- June 30, 2003

Household Size	Weekly	Monthly	Annually
1*	\$ 222	\$ 960	\$11,518
2	\$ 299	\$ 1,294	\$15,522
3	\$ 376	\$ 1,628	\$19,526
4	\$ 453	\$ 1,961	\$23,530
5	\$ 530	\$ 2,295	\$27,534
6	\$ 607	\$ 2,629	\$31,538
7	\$ 684	\$ 2,962	\$35,542
8	\$ 761	\$ 3,296	\$39,546

For each additional household member add:

+ \$ 77 + \$ 334 + \$ 4,004

* A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

CURRENT INCOME—The amount of income each household member received last month, before taxes or anything else is subtracted, and the source where it came from, such as wages/earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write the usual monthly income or project the annual income. To figure monthly income: Multiply weekly x 4.33; every two weeks x 2.15; twice a month x 2.

INCOME TO REPORT

EARNINGS FROM WORK

Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm.

WELFARE CHILD SUPPORT ALIMONY

Public assistance payments, welfare payments, alimony, and child support payments.

PENSIONS RETIREMENT SOCIAL SECURITY

Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives).

OTHER INCOME

Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)—Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the Food Stamp Program **or** the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Food Stamp households.

SOCIAL SECURITY NUMBER—The application must have the social security number of the adult who signs it. If the adult does not have a social security number, write "none" or something similar to show that the adult does not have a social security number. If a Food Stamp, CalWORKs, KinGAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a social security number is not required.

REPORTING CHANGES—If your child is approved for free milk, you must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size becomes smaller. Also, if you list a Food Stamp, CalWORKs, KinGAP, or FDPIR case number, you must tell the school when you no longer receive Food Stamps, CalWORKs, KinGAP, or FDPIR benefits.

APPLYING FOR BENEFITS—You may apply for benefits at any time during the school year. If you are not eligible now but your income decreases, you lose your job, your family size increases, or you become eligible for Food Stamp, CalWORKs, KinGAP, or FDPIR benefits, you may submit an application at that time.

VERIFICATION—School officials may check the information on the application at any time during the school year. You may be asked to send information to substantiate your income, or current eligibility for Food Stamp, CalWORKs, KinGAP, or FDPIR benefits. Refer to the application for more detailed explanation.

MEALS FOR DISABLED—If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meal.

NONDISCRIMINATION—Children who receive free or reduced priced meals/milk must be treated in the same manner as those children who pay full price for their meals/milk.

FAIR HEARING—If you do not agree with the school's decision regarding your application or the result of verification, you may discuss it informally with the school. You also have the right to a formal hearing that may be requested by calling or writing the following school official:

NAME:

ADDRESS:

TELEPHONE:

CONFIDENTIALITY—Family size, household income, and social security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)s eligibility to receive free milk.

If you have any questions or need assistance in completing the application, please contact:

NAME:

ADDRESS:

TELEPHONE:

You will be notified by the school when your application has been approved or denied for free milk.

Sincerely,